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# LETTERS

## URGENT CANCER REFERRAL PATHWAY

# Author's reply to Keatinge and Wong and Cruickshank

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We appreciate the interest and debate that our article has generated in rapid responses and conferences and workshops in the past year.<sup>1-3</sup> We too thought that the press headlines (mainly arising from a single press agency) were sensationalist and unhelpful.

The concern about lead time contributing to the observed association between urgent referral and patient survival is valid and is covered in the paper's discussion. Lead time is unlikely to be the single cause of the survival difference, and there is evidence that the use of urgent referral is associated with a favourable stage distribution.<sup>4</sup> This implies that GPs' awareness of cancer and their propensity to use urgent referral is important; this is also illustrated by our finding (web appendix) that cancer patients from practices with many old patients have better age adjusted survival than those from practices with younger patients.

We agree that the results of the overall analysis of all types of cancer do not necessarily apply to each of the less common types of cancer.

Prostate cancer kills more than 10 000 UK men each year and the importance of referral and early diagnosis should not be dismissed.

Our conclusion that "General practices that consistently have a low propensity to use urgent referrals could consider increasing their use of this pathway, thereby plausibly increasing the survival of their patients with cancer" was not meant to advocate excessive use of urgent referral. The statement is consistent with the recently updated NICE guidance.<sup>5</sup> A single research article cannot be authoritative regarding the use of urgent referral—GPs should look to the NICE guidance for such advice.

Competing interests: see [www.bmj.com/content/351/bmj.h5102](http://www.bmj.com/content/351/bmj.h5102).

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- 3 Wong W, Cruickshank H. Urgent cancer referral pathway: the difficulty in diagnosing head and neck cancers. *BMJ* 2015;351:h5881.
- 4 Maclean R, Jeffreys M, Ives A, et al. Primary care characteristics and stage of cancer at diagnosis using data from the national cancer registration service, quality outcomes framework and general practice information. *BMC Cancer* 2015;15:500.
- 5 National Institute for Health and Care Excellence. Suspected cancer: recognition and referral. (NICE guidance 12.) 2015. [www.nice.org.uk/guidance/NG12](http://www.nice.org.uk/guidance/NG12).

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